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FACSIMILE COVER SHEET

TO: Examiner: Wilson Lee
Group Art Unit: 2163

FROM: John D. Magluyan, Reg. No. 56,867

RE: U.S. Application No. 10/695,915
Attorney Docket No. 03581.008900.

FAX NO.: (571) 273-8300

DATE: February 14, 2007 **NO. OF PAGES:** 18
(including cover page)

TIME: 11:09 AM **SENT BY:** Charise

MESSAGE

Attached are the following papers for the above-identified application:

1. Amendment; and
2. Transmittal for Amendment.

I hereby certify that this correspondence is being facsimile transmitted via
facsimile to the U.S. Patent and Trademark Office at (571) 273-8300, on:

February 14, 2007
(Date of Deposit)

John D. Magluyan, Reg. No. 56,867
(Name of Attorney for Applicants)


Signature

February 14, 2007
Date of Signature

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In re Application of:

NILESH PATHAK, et al.

Application No.: 10/695,915

Filed: October 30, 2003

For: E-MAINTENANCE SYSTEM

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.

03581.008900.

Examiner: Wilson Lee

Group Art Unit: 2163

Date: February 14, 2007

BEST AVAILABLE COPY

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40	MINUS	83	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	2	MINUS	5	= 0	x \$100 \$200	\$.00
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00

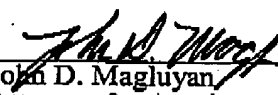
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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


John D. Magluyan
Attorney for Applicants
Registration No.: 56,867

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